

7074

CERTIFICATE OF DEATH

Reg. Dist. No. 260

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY <u>Somerset</u>		MARYLAND		STATE <u>Maryland</u>		COUNTY <u>Somerset</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>Westover</u>		LENGTH OF STAY (in this place) <u>2 years</u>		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>Westover</u>		<u>X</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>08</u>				STREET ADDRESS (If rural give location) <u>1</u>			
3. NAME OF DECEASED: (Type or Print) <u>William</u>			(First) (Middle) (Last) <u>Collins</u>			4. DATE OF DEATH: <u>July 9</u> 19 <u>55</u>	
5. SEX: <u>male</u>		6. COLOR OR RACE: <u>white</u>		7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>married</u>		8. DATE OF BIRTH: <u>Sept. 6, 1886</u>	
9. AGE last birthday: <u>68</u> yrs.		10. USUAL OCCUPATION. Give kind of work done during most of working life, e.g. <u>Carpenter</u>		11. BIRTHPLACE (State or foreign country): <u>Delaware</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME: <u>Raymond Collins</u>				14. MOTHER'S MAIDEN NAME: <u>Anna Sadler</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) <u>no</u>		16. SOCIAL SECURITY No.: <u>no</u>		17. INFORMANT & ADDRESS: <u>Jr. William H. Collins Smithsburg, Md.</u>			
18. MEDICAL CERTIFICATION							
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH <u>422.2</u> Immediate cause (a) <u>Chronic myocarditis</u> DUE TO Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) <u>DUE TO</u> (c)				Interval Between Onset And Death <u>6 years</u>			
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION: <u>0</u>				19b. MAJOR FINDINGS OF OPERATION			
21. ACCIDENT SUICIDE HOMICIDE (Specify)		PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY		(CITY OR TOWN)		(COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At Work <input type="checkbox"/>		HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Sept. 10, 1948</u> , to <u>July 9th</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>July 9th</u> , 19 <u>55</u> , and that death occurred at <u>8:30p</u> , from the causes and on the date stated above. SIGNATURE <u>Elmer G. Markoman</u> (Degree or title) ADDRESS <u>Princess Anne, Md.</u> DATE SIGNED <u>7-12-55</u>							
23. BURIAL, CREMATION, REMOVAL (Specify)		DATE THEREOF		NAME OF CEMETERY OR CREMATORY		LOCATION (City, town, or county) (State)	
<u>burial</u>		<u>July 15, 1955</u>		<u>Harbaughs Cemetery</u>		<u>Midvale, Pa.</u>	
DATE REC'D BY LOCAL REGISTRAR <u>7/13/55</u>		REGISTRAR'S SIGNATURE <u>R. J. Johnson M.D.</u>		24. FUNERAL DIRECTOR <u>Laurel R. Wilson</u>		ADDRESS <u>Princess Anne, Maryland</u>	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BUREAU V. S.

JUL 14 1955

RECEIVED

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

7075

07071
Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 260

1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY <u>Somerset</u>	MARYLAND	STATE <u>Po</u>	COUNTY <u>75X-3</u>
CITY (If outside corporate limits, write RURAL OR and give nearest town) <u>X</u> TOWN <u>Orion</u>		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>Philadelphia Po</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>100</u>		STREET ADDRESS (If rural, give location) <u>4050 Irving Street</u>	
3. NAME OF DECEASED: (Type or Print)		4. DATE OF DEATH	
(First) <u>Edith Beatrice</u> (Middle) <u>Dean</u> (Last) <u>Dean</u>		(Month) <u>July</u> (Day) <u>26</u> (Year) <u>1955</u>	
5. SEX: <u>Female</u>	6. COLOR OR RACE: <u>Colored</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): <u>Married</u>	8. DATE OF BIRTH: <u>Mar. 9, 1895</u>
9. AGE last birthday: <u>60</u> yrs.		10. UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): <u>Housework</u>		10b. KIND OF BUSINESS OR INDUSTRY:	
11. BIRTHPLACE (State or foreign country): <u>Orion, Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME: <u>William Lane</u>		14. MOTHER'S MAIDEN NAME: <u>Anna Moddix</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)		16. SOCIAL SECURITY No.: <u>197-01-7527</u>	
17. INFORMANT & ADDRESS: <u>Ethel Maldox Orion Md.</u>			

18. MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:			2 years -
Immediate cause (a) <u>Malignant 7 luvgs</u> Antecedent cause(s) (b) <u>I saw patient after death - kidney</u> Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (c) <u>3 operations and disease obtained from family -</u>			
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
19a. DATE OF OPERATION: <u>March 17, 1954</u>			20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
19b. MAJOR FINDING OF OPERATION: <u>Malignant 7 right luvgs -</u>			
21a. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21b. PLACE (Home, farm, factory, street, office bldg., etc., INJURY)	21c. (City or town) (County) (State)	
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY	21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> , Inspection <input checked="" type="checkbox"/> , Inquiry <input checked="" type="checkbox"/> , and find that death resulted from: Natural causes <input checked="" type="checkbox"/> , Accident <input type="checkbox"/> , Suicide <input type="checkbox"/> , Homicide <input type="checkbox"/> , Undetermined cause <input type="checkbox"/> .			
SIGNATURE <u>R.H. Johnson</u>		CHIEF MEDICAL EXAMINER <input type="checkbox"/> DATE SIGNED <u>July 27, 55</u> DEPUTY MEDICAL EXAMINER <input type="checkbox"/> M. D. ASSISTANT MEDICAL EXAM. <input type="checkbox"/>	
23. BURIAL, CREMATION, REMOVAL (Specify): <u>Burial</u>	DATE THEREOF: <u>7-29-55</u>	NAME OF CEMETERY OR CREMATORY: <u>St. James Cemetery Orion - Somerset - Md.</u>	LOCATION (City, town, or county) (State)
DATE REC'D BY LOCAL REG. <u>7/28/55</u>	REGISTRAR'S SIGNATURE: <u>R.H. Johnson, M.D.</u>	24. FUNERAL DIRECTOR: <u>William H. Jones Jr.</u>	ADDRESS: <u>Fredericksburg</u>

ANALYSIS OF DEATHS

NOTE: This form is to be filled out by the coroner or physician in charge of the investigation. It is to be filled out for every death, whether or not the death is due to natural causes. It is to be filled out for every death, whether or not the death is due to natural causes. It is to be filled out for every death, whether or not the death is due to natural causes.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1. NAME OF DEATH		2. SEX		3. AGE		4. OCCUPATION		5. PLACE OF DEATH	
6. DATE OF DEATH		7. TIME OF DEATH		8. PLACE OF DEATH		9. PLACE OF DEATH		10. PLACE OF DEATH	
11. PLACE OF DEATH		12. PLACE OF DEATH		13. PLACE OF DEATH		14. PLACE OF DEATH		15. PLACE OF DEATH	
16. PLACE OF DEATH		17. PLACE OF DEATH		18. PLACE OF DEATH		19. PLACE OF DEATH		20. PLACE OF DEATH	
21. PLACE OF DEATH		22. PLACE OF DEATH		23. PLACE OF DEATH		24. PLACE OF DEATH		25. PLACE OF DEATH	
26. PLACE OF DEATH		27. PLACE OF DEATH		28. PLACE OF DEATH		29. PLACE OF DEATH		30. PLACE OF DEATH	
31. PLACE OF DEATH		32. PLACE OF DEATH		33. PLACE OF DEATH		34. PLACE OF DEATH		35. PLACE OF DEATH	
36. PLACE OF DEATH		37. PLACE OF DEATH		38. PLACE OF DEATH		39. PLACE OF DEATH		40. PLACE OF DEATH	
41. PLACE OF DEATH		42. PLACE OF DEATH		43. PLACE OF DEATH		44. PLACE OF DEATH		45. PLACE OF DEATH	
46. PLACE OF DEATH		47. PLACE OF DEATH		48. PLACE OF DEATH		49. PLACE OF DEATH		50. PLACE OF DEATH	
51. PLACE OF DEATH		52. PLACE OF DEATH		53. PLACE OF DEATH		54. PLACE OF DEATH		55. PLACE OF DEATH	
56. PLACE OF DEATH		57. PLACE OF DEATH		58. PLACE OF DEATH		59. PLACE OF DEATH		60. PLACE OF DEATH	
61. PLACE OF DEATH		62. PLACE OF DEATH		63. PLACE OF DEATH		64. PLACE OF DEATH		65. PLACE OF DEATH	
66. PLACE OF DEATH		67. PLACE OF DEATH		68. PLACE OF DEATH		69. PLACE OF DEATH		70. PLACE OF DEATH	
71. PLACE OF DEATH		72. PLACE OF DEATH		73. PLACE OF DEATH		74. PLACE OF DEATH		75. PLACE OF DEATH	
76. PLACE OF DEATH		77. PLACE OF DEATH		78. PLACE OF DEATH		79. PLACE OF DEATH		80. PLACE OF DEATH	
81. PLACE OF DEATH		82. PLACE OF DEATH		83. PLACE OF DEATH		84. PLACE OF DEATH		85. PLACE OF DEATH	
86. PLACE OF DEATH		87. PLACE OF DEATH		88. PLACE OF DEATH		89. PLACE OF DEATH		90. PLACE OF DEATH	
91. PLACE OF DEATH		92. PLACE OF DEATH		93. PLACE OF DEATH		94. PLACE OF DEATH		95. PLACE OF DEATH	
96. PLACE OF DEATH		97. PLACE OF DEATH		98. PLACE OF DEATH		99. PLACE OF DEATH		100. PLACE OF DEATH	

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7076

CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY Somerset		MARYLAND		STATE Maryland COUNTY Somerset			
CITY (If outside corporate limits, write RURAL and give nearest town) X TOWN Crisfield		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN Crisfield		39	
HOSPITAL OR INSTITUTION OR STREET ADDRESS McCready Memorial Hospital				STREET ADDRESS (If rural give location) Main Street		1	
3. NAME OF DECEASED: (First) (Middle) (Last) Bertha Zenobia Fawcett				4. DATE (Month) (Day) (Year) OF DEATH: July 25, 1955			
5. SEX: Female		6. COLOR OR RACE: White		7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married		8. DATE OF BIRTH: March 20, 1881	
				9. AGE last birthday 74 yrs.		10. IF UNDER 1 YEAR Months Days Hours Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY: none		11. BIRTHPLACE (State or foreign country): Marion, Maryland		12. CITIZEN OF WHAT COUNTRY? U. S? A.	
13. FATHER'S NAME: Sidney Peyton				14. MOTHER'S MAIDEN NAME: Susan Powell			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)		15. SOCIAL SECURITY NO. None		17. INFORMANT & ADDRESS: William A. Fawcett, Crisfield, Maryland			
18. MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
IMMEDIATE CAUSE (A) 153X Carcinoma of Colon						2 yrs	
ANTECEDENT CAUSE (S) DUE TO							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO							
(C)							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19A. DATE OF OPERATION: 0		19B. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.		21C. WHERE DID (City or town) (County) (State) INJURY OCCUR?			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from July 2, 1955 , to July 25, 1955 , that I last saw the deceased alive on July 25, 1955 , and that death occurred at 6:40 AM , from the causes and on the date stated above.							
SIGNATURE Sidney M. Peyton		ADDRESS M.D. Crisfield, Md		DATE SIGNED July 26, 1955			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		DATE THEREOF July 27, 1955		NAME OF CEMETERY OR CREMATORY Crisfield Cemetery		LOCATION (City, town, or county) (State) Crisfield, Maryland	
DATE REC'D BY LOCAL REGISTRAR 7/27/55		REGISTRAR'S SIGNATURE Betty W. Tyler		24. FUNERAL DIRECTOR ADDRESS Bradshaw Funeral Parlors, Crisfield, Md.			

MARGIN RESERVED FOR BINDING

BUREAU V. S.

AUG 1 1955

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CERTIFICATE OF DEATH

Reg. Dist. No. 261

7077

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY Somerset		MARYLAND		STATE Maryland		COUNTY Somerset	
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Crisfield		LENGTH OF STAY (in this place) dead on arrival		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Kingston			
HOSPITAL OR INSTITUTION OR STREET ADDRESS McCready Hospital				STREET ADDRESS (If rural give location) /			
3. NAME OF DECEASED: (Type or Print)				4. DATE (Month) (Day) (Year) OF DEATH:			
(First) MAUDE (Middle) BETH (Last) GARDINIER				July 19 19 55			
5. SEX: Female		6. COLOR OR RACE: White		7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widowed		8. DATE OF BIRTH: May 21, 1873	
9. AGE last birthday 82 yrs.		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		11. BIRTHPLACE (State or foreign country): Springville, New York		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: Burwell E. Hawkins				14. MOTHER'S MAIDEN NAME: Emma Jane Potter			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no		16. SOCIAL SECURITY NO. None		17. INFORMANT & ADDRESS: Miss Arlene Gardinier-Kingston, Md.			
18. MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
IMMEDIATE CAUSE 422.2				24 hrs.			
ANTECEDENT CAUSE (S)				year -			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.				years -			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19A. DATE OF OPERATION: 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.		21C. WHERE DID (City or town) (County) (State) INJURY OCCUR?			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from July 19 55 , to July 19 55 , that I last saw the deceased alive on July 19 55 , and that death occurred at 11:40 AM , from the causes and on the date stated above.							
SIGNATURE George C. Coulburn M.D.		ADDRESS Emasson Sta. Ind		DATE SIGNED July 22, 1955			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		DATE THEREOF July 22, 1955		NAME OF CEMETERY OR CREMATORY Rehobeth Presbyterian Cem.		LOCATION (City, town, or county) (State) Rehobeth, Md.	
DATE REC'D BY LOCAL REGISTRAR July 22, 1955		REGISTRAR'S SIGNATURE Nellie S. Payne		24. FUNERAL DIRECTOR Bradshaw & Sons-Crisfield, Md.		ADDRESS	

MARGIN RESERVED FOR BINDING

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JUL 28 1955

BUREAU V. S.

7069

CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY Somerset		MARYLAND		STATE Maryland		COUNTY Somerset	
CITY (If outside corporate limits, write RURAL and give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town)		OR TOWN	
39 Crisfield		lifetime		39 Crisfield			
HOSPITAL OR INSTITUTION OR STREET ADDRESS				STREET ADDRESS (If rural give location)			
00 S. 4th St.				S. 4th St.			
3. NAME OF DECEASED:		(First)		(Middle)		(Last)	
(Type or Print)		DORSEY		LEMONT		HANDY	
5. SEX:		6. COLOR OR RACE:		7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):		8. DATE OF BIRTH:	
Female		Colored		single		May 20, 1955	
9. AGE last birthday		IF UNDER 1 YEAR		IF UNDER 24 HRS.			
yrs.		Months		Days		Hours	
1		18					
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):				10B. KIND OF BUSINESS OR INDUSTRY:		11. BIRTHPLACE (State or foreign country):	
none				none		Crisfield, Md.	
12. CITIZEN OF WHAT COUNTRY?				USA			
13. FATHER'S NAME:				14. MOTHER'S MAIDEN NAME:			
Richard D. Handy				Doris Lane			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)				16. SOCIAL SECURITY NO.		17. INFORMANT & ADDRESS:	
no				none		S. 4th St.	
				Mrs. Doris Lane Handy- Crisfield, Md.			
18. MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
IMMEDIATE CAUSE (A) Marasmus							
DUE TO							
ANTECEDENT CAUSE (B)							
DUE TO							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.							
(C)							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19A. DATE OF OPERATION:				19B. MAJOR FINDINGS OF OPERATION			
0							
20. AUTOPSY?		YES <input type="checkbox"/>		NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, of INJURY street, office bldg., etc.)		21C. WHERE DID (City or town) (County) (State)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?			
M.							
22. I hereby certify that I attended the deceased from 12:15 PM , July 11-55 , and that death occurred at 12:15 PM , from the causes and on the date stated above.							
SIGNATURE William H. Coulbourn				ADDRESS Crisfield Md		DATE SIGNED July 11-55	
M. D. Coulbourn							
23. BURIAL, CREMATION, REMOVAL (SPECIFY)		DATE THEREOF		NAME OF CEMETERY OR CREMATORY		LOCATION (City, town, or county) (State)	
Burial		July 9, 1955		Lawsonia Cemetery		Crisfield, Md.	
DATE REC'D BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		24. FUNERAL DIRECTOR		ADDRESS	
7/9/55		Betty W. Tyler		Bradshaw & Sons-Crisfield, Md.			

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BUREAU V. S.

JUL 13 1955

RECEIVED

7070

CERTIFICATE OF DEATH

Reg. Dist. No. 265...

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY <i>Somerset</i>		MARYLAND		STATE <i>Md.</i>		COUNTY <i>Somerset</i>	
CITY (If outside corporate limits, write RURAL and give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town)			
39 TOWN		20 yrs.		Crisfield		39	
HOSPITAL OR INSTITUTION OR STREET ADDRESS				STREET ADDRESS (If rural give location)			
13. NAME OF DECEASED: (First) (Middle) (Last)				4. DATE (Month) (Day) (Year)			
<i>Elijah W. Johnson</i>				OF DEATH: 7 4 1955			
5. SEX: <i>Male</i>		6. COLOR OR RACE: <i>Col.</i>		7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <i>Widowed</i>		8. DATE OF BIRTH: <i>Feb. 20, 1882</i>	
9. AGE last birthday: <i>73</i> yrs.		IF UNDER 1 YEAR: Months Days		IF UNDER 24 HRS.: Hours Min.			
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): <i>Farmer</i>				10B. KIND OF BUSINESS OR INDUSTRY:		11. BIRTHPLACE (State or foreign country): <i>Marion Sta., Md.</i>	
13. FATHER'S NAME: <i>James Johnson</i>				14. MOTHER'S MAIDEN NAME: <i>Mary Whittington</i>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) <i>no.</i>				16. SOCIAL SECURITY NO.		17. INFORMANT'S ADDRESS: <i>Melvin Johnson, Crisfield, Md.</i>	
18. MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
795.0 IMMEDIATE CAUSE				(A) <i>Natural Causes - was found</i>			
ANTECEDENT CAUSE (S)				DUE TO			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.				(B) <i>Died July 6-1955 Last seen alive on July 3-1955</i>			
				(C) <i>Been Sick quite awhile</i>			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. <i>Not any medical attention recently</i>							
19A. DATE OF OPERATION:		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?			
<i>No</i>		<i>No operation</i>		YES <input type="checkbox"/>		NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING CAUSE OF DEATH (If either, notify medical examiner)		21B. PLACE (Home, farm, factory, OF INJURY (Street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR?		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	
<i>No</i>		<i>Home</i>		<i>William H. Coulbourn, M.D. DEPUTY MEDICAL EXAMINER FOR SOMERSET COUNTY, MD.</i>			
21E. INJURY OCCURRED While <input checked="" type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input checked="" type="checkbox"/>		21F. HOW DID INJURY					
22. I hereby certify that I attended the deceased from <i>Sept. 1954</i> to <i>July 1955</i> , that I last saw the deceased alive on <i>July 6, 1955</i> , and that death occurred at <i>Md.</i> from the causes and on the date stated above.							
SIGNATURE <i>Wm H Coulbourn</i>		M. D.		ADDRESS <i>Crisfield Md</i>		DATE SIGNED <i>July 7, 1955</i>	
23. BURIAL, CREMATION, REMOVAL (Specify)		DATE THEREOF		NAME OF CEMETERY OR CREMATORY		LOCATION (City, town or county) (State)	
<i>Burial</i>		<i>7/8/55</i>		<i>Liberia</i>		<i>Marion Sta., Md. Som.C.</i>	
DATE REC'D BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		24. FUNERAL DIRECTOR		ADDRESS	
<i>7/8/55</i>		<i>Betty W. Tyler</i>		<i>Chas. F. Ward Sr.</i>		<i>Marion Sta., Md.</i>	

MARGIN RESERVED FOR BINDING

BUREAU V. S.

JUL 13 1955

RECEIVED

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

7978

CERTIFICATE OF DEATH

Reg. Dist. No. 260

07077

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY <u>Somerset</u>		MARYLAND		STATE <u>Md.</u>		COUNTY <u>Somerset</u>	
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN			
<u>X</u> <u>Chance</u>		<u>Lifetime</u>		<u>Chance</u>		<u>X</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS				STREET ADDRESS (If rural give location)			
<u>00</u> <u>Chance P.O.</u>				<u>1</u>			
3. NAME OF DECEASED:		(First) (Middle) (Last)		4. DATE OF DEATH:		(Month) (Day) (Year)	
(Type or Print)		<u>Grant</u> <u>Jones</u>		<u>July 25</u> <u>1955</u>			
5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday	IF UNDER 1 YEAR	IF UNDER 24 HRS.	
<u>M</u>	<u>Col.</u>	<u>Married</u>	<u>1858</u>	<u>97</u> yrs.	Months	Days	Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):		10B. KIND OF BUSINESS OR INDUSTRY:		11. BIRTHPLACE (State or foreign country):		12. CITIZEN OF WHAT COUNTRY?	
<u>Waterman</u>		<u>Oyster Shucker</u>		<u>Chance, Md.</u>		<u>USA.</u>	
13. FATHER'S NAME:				14. MOTHER'S MAIDEN NAME:			
<u>Edward Jones</u>				<u>Liza Jones</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT & ADDRESS:			
<u>NO</u>		<u>217-14-8479</u>		<u>Noah Williams - Chance, Md.</u>			
18. MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
241X IMMEDIATE CAUSE							
(A) DUE TO <u>Chronic Myocarditis</u>						<u>4 years</u>	
ANTECEDENT CAUSE (S)							
(B) DUE TO <u>Chronic Bronchial Asthma</u>						<u>6 years</u>	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.							
(C)							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.						<u>General Arteriosclerosis</u>	
19A. DATE OF OPERATION:						19B. MAJOR FINDINGS OF OPERATION	
<u>0</u>							
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, of INJURY street, office bldg., etc.)		21C. WHERE DID (City or town) (County) (State)		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Apr 10</u> , 19 <u>46</u> to <u>July 25</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>July 24</u> , 19 <u>55</u> , and that death occurred at <u>9:30 A.M.</u> , from the causes and on the date stated above.							
SIGNATURE				ADDRESS		DATE SIGNED	
<u>Eldon G. Johnson</u>				<u>M. D. Princess Anne md</u>		<u>7-26-55</u>	
23. BURIAL, CREMATION, REMOVAL (SPECIFY)		DATE THEREOF		NAME OF CEMETERY OR CREMATORY		LOCATION (City, town, or county) (State)	
<u>Burial</u>		<u>7-28-55</u>		<u>Chance Cemetery</u>		<u>Chance, Md.</u>	
DATE REC'D BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		24. FUNERAL DIRECTOR		ADDRESS	
<u>7/27/55</u>		<u>R. H. Johnson, M.D.</u>		<u>Gr Bradshaw & Sons</u>		<u>Crisfield, Md.</u>	

BUREAU V. S.

JUL 29 1955

RECEIVED

7079

CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY Somerset		MARYLAND		STATE Maryland		COUNTY Somerset	
CITY (If outside corporate limits, write RURAL OR and give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town)			
X TOWN Crisfield				TOWN Crisfield		39	
HOSPITAL OR INSTITUTION OR STREET ADDRESS McCready Hospital				STREET ADDRESS (If rural give location) Main Street			
3. NAME OF DECEASED: (First) (Middle) (Last)				4. DATE OF DEATH: (Month) (Day) (Year)			
Pearl Lankford				July 1, 1955			
5. SEX: Female		6. COLOR OR RACE: White		7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married		8. DATE OF BIRTH: Feb. 12, 1886	
				9. AGE last birthday: 69 yrs.		10. Months 4 Days 19 Hours Min. 	
10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Housewife				10b. KIND OF BUSINESS OR INDUSTRY:		11. BIRTHPLACE (State or foreign country): Virginia	
13. FATHER'S NAME: Robert Walker				14. MOTHER'S MAIDEN NAME: Unknown			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): No				16. SOCIAL SECURITY No.: None		17. INFORMANT & ADDRESS: Estell Jones, Crisfield, Md.	

18. MEDICAL CERTIFICATION						Interval Between Onset And Death	
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
161X							
Immediate cause (a) Carcinoma, epiglottis						6 mo.	
Antecedent causes (s) (b) DUE TO							
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (c) DUE TO							
11. OTHER SIGNIFICANT CONDITIONS							
Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION:		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY ?	
						Yes <input type="checkbox"/> No <input type="checkbox"/>	
21. ACCIDENT (Specify)		PLACE (Home, farm, factory, street, OF office bldg., etc.)		(CITY OR TOWN)		(COUNTY) (STATE)	
SUICIDE		HOMICIDE		INJURY			
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At Work <input type="checkbox"/>		HOW DID INJURY OCCUR ?			
22. I hereby certify that I attended the deceased from Sept. 19, 1946 , to July, 1955 , that I last saw the deceased alive on July 1, 1955 , and that death occurred at 5:15 A.M. , from the causes and on the date stated above.							
SIGNATURE Dr. Rawley				ADDRESS Crisfield, Md.		DATE SIGNED	
23. BURIAL, CREMATION, (Specify)		DATE THEREOF		NAME OF CEMETERY OR CREMATORY		LOCATION (City, town, or county) (State)	
Burial		July 3, 1955		Sunny Ridge Cemetery		Crisfield, Md.	
DATE REC'D BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		24. FUNERAL DIRECTOR		ADDRESS	
7/2/55		Betty W. Tyler		Durward Q. Covington		Crisfield, Md.	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Severance

Maryland

Severance

Crystal

Crystal

San Diego

McDonough

July 1955

Lanham

Pearl

4

69

Feb. 12, 1955

Married

Female

USA

Virginia

Homewife

Unknown

Robert Walker

Estell Jones, Crystal, Md.

None

No

BUREAU V. 31

1955

RECEIVED

July 3, 1955

Bureau

Edward G. Gorington

7080

CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY Somerset		MARYLAND		STATE Maryland		COUNTY Somerset	
CITY (If outside corporate limits, write RURAL OR and give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town)		OR TOWN	
Rural- Cris field		78 years		Rural- Crisfield		X	
HOSPITAL OR INSTITUTION OR STREET ADDRESS Asbury Ave.				STREET ADDRESS (If rural give location) Asbury Ave			
3. NAME OF DECEASED: (First) (Middle) (Last)				4. DATE OF DEATH: (Month) (Day) (Year)			
George Wesley Lawson				July 18, 1955			
5. SEX: Male		6. COLOR OR RACE: White		7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married		8. DATE OF BIRTH: Dec. 12, 1876	
9. AGE last birthday: 78 yrs.		Months 25		Days 6		Hours Min.	
10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: Waterman				10b. KIND OF BUSINESS OR INDUSTRY: Seafood Fisher		11. BIRTHPLACE (State or foreign country): Crisfield, Maryland	
12. CITIZEN OF WHAT COUNTRY? USA				13. FATHER'S NAME: George W. Lawson			
14. MOTHER'S MAIDEN NAME: Alice Riffin				15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): No			
16. SOCIAL SECURITY No.: 218-20-5857A				17. INFORMANT & ADDRESS: Leo Lawson, Crisfield, Md.			
18. MEDICAL CERTIFICATION							
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
420.1 Immediate cause (a) Coronary Thrombosis Antecedent causes (s) (b) arterio-sclerosis Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (c) none							
Interval Between Onset And Death 10 days							
2. OTHER SIGNIFICANT CONDITIONS							
Conditions contributing to the death but not related to the disease or condition causing death. none							
19a. DATE OF OPERATION: none							
19b. MAJOR FINDINGS OF OPERATION							
20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>							
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)							
SUICIDE INJURY							
HOMICIDE							
TIME (Month) (Day) (Year) (Hour) OF INJURY m. INJURY OCCURRED While at Work <input type="checkbox"/> Not While At Work <input type="checkbox"/> HOW DID INJURY OCCUR?							
22. I hereby certify that I attended the deceased from July 8, 1955 , to July 18, 1955 , that I last saw the deceased alive on July 18, 1955 , and that death occurred at 2:15 PM , from the causes and on the date stated above.							
SIGNATURE C. Hawley M.D.				DATE SIGNED 7-19-55			
ADDRESS Crisfield, Md.							
23. BURIAL, CREMATION, REMOVAL (Specify) DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State)							
Burial July 20, 1955 Sunny Ridge Crisfield, Md.							
DATE REC'D BY LOCAL REGISTRAR REGISTRAR'S SIGNATURE ADDRESS							
7/19/55 Betty W. Tyler Durward Q. Covington, Crisfield, Md.							

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BUREAU V. S.

JUL 21 1955

RECEIVED

RECEIVED
JUL 21 1955
BUREAU V. S.

7071

CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY Somerset	MARYLAND	STATE Maryland	COUNTY Somerset
CITY (If outside corporate limits, write RURAL OR and give nearest town)	LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town)	
39 TOWN Crisfield	1 day	OR TOWN R.F.D. Marion Station X	
HOSPITAL OR INSTITUTION OR STREET ADDRESS Small Boat Harbor		STREET ADDRESS (If rural give location) /	

3. NAME OF DECEASED:		4. DATE (Month) (Day) (Year)	
(First) MARION	(Middle) MADDOX	(Last)	
(Type or Print)		DATE OF DEATH: July 5 1955	
5. SEX: Male	6. COLOR OR RACE: Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single	8. DATE OF BIRTH: March 2, 1938
		9. AGE last birthday 17 yrs.	IF UNDER 1 YEAR Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none		10B. KIND OF BUSINESS OR INDUSTRY: none	11. BIRTHPLACE (State or foreign country): Crisfield, Md.
		12. CITIZEN OF WHAT COUNTRY? USA	

13. FATHER'S NAME: Leroy Maddox		14. MOTHER'S MAIDEN NAME: Evelyn Savage Doanes	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none	
		17. INFORMANT & ADDRESS: Mrs. Evelyn Maddox—R.F.D. Marion Station, Md.	

18. MEDICAL CERTIFICATION	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	
IMMEDIATE CAUSE (A) Accidental	
ANTECEDENT CAUSE (B) Drowning	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) Drowned	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	

19A. DATE OF OPERATION: no	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21B. PLACE (Home, farm, factory, or industry street, office bldg., etc.) Small Boat Harbor	21C. WHERE DID INJURY OCCUR? (City or town) (County) (State) Crisfield Somerset Md.
22. TIME (Month) (Day) (Year) (Hour) July 5-1955 3PM	21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>	21F. HOW DID INJURY OCCUR? He was dead before I was called cause he died at 3:00 P.M. from the causes and on the date stated above.
22. I hereby certify that I attended the deceased from July 5-1955 and that death occurred at Small Boat Harbor on July 6, 1955 at 3:00 P.M. from the causes and on the date stated above.		
SIGNATURE Wm. H. Coulbourn		DATE SIGNED July 6, 1955

23. BURIAL, CREMATION, REMOVAL (Specify) Burial	DATE THEREOF July 8, 1955	NAME OF CEMETERY OR CREMATORY Waters Chapel Cemetery	LOCATION (City, town, or county) (State) Kingston, Md.
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DATE REC'D BY LOCAL REGISTRAR 7/7/55	REGISTRAR'S SIGNATURE Betty W. Tyler	24. FUNERAL DIRECTOR Bradshaw & Sons—Crisfield, Md.	ADDRESS
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MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BUREAU V. S.

JUL 11 1955

RECEIVED

7081

CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY Somerset		MARYLAND		STATE Maryland		COUNTY Somerset	
CITY (If outside corporate limits, write RURAL and give nearest town) X TOWN Ewell		LENGTH OF STAY (in this place) 5 years		CITY (If outside corporate limits, write RURAL and give nearest town) Tylerton		X	
HOSPITAL OR INSTITUTION OR STREET ADDRESS Ewell				STREET ADDRESS (If rural give location) None			
3. NAME OF DECEASED: (Type or Print) Eddie WATSON (Middle) MARSHALL (Last)				4. DATE (Month) (Day) (Year) OF DEATH: July 11, 19 55			
5. SEX: Male	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH: Sept. 23, 1892	9. AGE last birthday 62 yrs.	IF UNDER 1 YEAR Months Days Hours Min.		
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Waterman		10B. KIND OF BUSINESS OR INDUSTRY: Seafood		11. BIRTHPLACE (State or foreign country): Tylerton, Maryland		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME: Cooper Marshall				14. MOTHER'S MAIDEN NAME: Manie Evans			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No		16. SOCIAL SECURITY NO. 218-11-1913		17. INFORMANT & ADDRESS: Mrs. Myrtle Marshall, Ewell, Maryland			
18. MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
IMMEDIATE CAUSE (A) 420.1 Coronary Occlusion							
ANTECEDENT CAUSE (S) (B) Natural Causes							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) Arterio Sclerosis							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19A. DATE OF OPERATION: ✓ 0		19B. MAJOR FINDINGS OF OPERATION: ✓		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) DEPUTY MEDICAL EXAMINER FOR SOMERSET COUNTY, Md.		21C. WHERE DID INJURY OCCUR? DEPUTY MEDICAL EXAMINER FOR SOMERSET COUNTY, Md.		(State) Md.	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY ✓		21E. INJURY OCCURRED While <input checked="" type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/>		21F. HOW DID INJURY OCCUR? Natural Cause			
22. I hereby certify that I attended the deceased from He was dead before I to 19 that I last saw the deceased alive on was called , and that death occurred at 7 P.M. from the causes and on the date stated above.							
SIGNATURE W. H. Coulbourn		M.O. Crisfield, Md.		DATE SIGNED July 14, 1955			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		DATE THEREOF July 14, 1955		NAME OF CEMETERY OR CREMATORY Ewell Methodist Cemetery		LOCATION (City, town, or county) (State) Ewell, Maryland	
DATE REC'D BY LOCAL REGISTRAR 7/14/55		REGISTRAR'S SIGNATURE Betty W. Tyler		24. FUNERAL DIRECTOR Bradshaw Funeral Parlors, Crisfield, Md.		ADDRESS	

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BUREAU V. S.
JUL 18 1955

RECEIVED

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

7082

CERTIFICATE OF DEATH

Reg. Dist. No. 07082 360

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY Somerset		MARYLAND		STATE Maryland		COUNTY Somerset	
CITY (If outside corporate limits, write RURAL OR and give nearest town)		LENGTH OF STAY (In this place)		CITY (If outside corporate limits, write RURAL and give nearest town)			
X TOWN Rumblay		Lifetime		TOWN Rumblay		X	
HOSPITAL OR INSTITUTION OR STREET ADDRESS none				STREET ADDRESS (If rural give location) none			
3. NAME OF DECEASED: (First) (Middle) (Last)				4. DATE (Month) (Day) (Year)			
William Grant Meredith				OF DEATH: July 24 19 55			
5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH:	9. AGE last birthday yrs.	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.	
Male	White	Married	Oct. 9, 1885	69			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Waterman			10b. KIND OF BUSINESS OR INDUSTRY: Catching seafood		11. BIRTHPLACE (State or foreign country): Fairmount, Maryland		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Hezekiah Meredith				14. MOTHER'S MAIDEN NAME: Elizabeth Ford			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No				16. SOCIAL SECURITY NO.		17. INFORMANT & ADDRESS: Mrs. Willis Parks, Rumblay, Maryland	
18. MEDICAL CERTIFICATION							INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
IMMEDIATE CAUSE (A) 420.1 Coronary Cauditor							due on my day
ANTECEDENT CAUSE (B) Chronic Out vegetation							6 months
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) Chronic nephrosclerosis							6 months
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Coronary Arteriosclerosis							
19a. DATE OF OPERATION: none				19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID (City or town) (County) (State) INJURY OCCUR?	
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY				21e. INJURY OCCURRED While <input type="checkbox"/> at work Not while <input type="checkbox"/> at work		21f. HOW DID INJURY OCCUR? at home for past 6 months	
22. I hereby certify that I attended the deceased from July 24, 1955 , to July 24, 1955 , that I last saw the deceased alive on July 24, 1955 , and that death occurred at 1:00 A.M. from the causes and on the date stated above.							
SIGNATURE Lucy E. Corbman M.D.				ADDRESS Marion St. Md. July 26, 55		DATE SIGNED	
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		DATE THEREOF July 26, 1955		NAME OF CEMETERY OR CREMATORY Fairmount Cemetery		LOCATION (City, town, or county) (State) Fairmount, Maryland	
DATE REC'D BY LOCAL REGISTRAR 7/26/55		REGISTRAR'S SIGNATURE R. H. Johnson M.D.		24. FUNERAL DIRECTOR ADDRESS Bradshaw Funeral Parlors, Crisfield, Md.			

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JUL 28 1955

BUREAU V. S.

VS. A15 — 10 - 53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The

7083

CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY Somerset	MARYLAND	STATE Maryland	COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) Crisfield	LENGTH OF STAY (in this place) 2 weeks	CITY (If outside corporate limits, write RURAL and give nearest town) Crisfield	
HOSPITAL OR INSTITUTION OR STREET ADDRESS McCready Hospital	STREET ADDRESS (If rural give location) Mariners Section		
3. NAME OF DECEASED: (First) ELVA (Middle) MAE (Last) RIGGIN		4. DATE (Month) (Day) (Year) OF DEATH: July 17 19 55	
5. SEX: Female	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH: January 29, 1914
9. AGE last birthday 41 yrs.		10. BIRTHPLACE (State or foreign country): Crisfield, Md.	
11. CITIZEN OF WHAT COUNTRY? USA		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: George T. Miles		14. MOTHER'S MAIDEN NAME: Mary Isabelle Tawes	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) no		16. SOCIAL SECURITY No. 224-28-5846	
17. INFORMANT & ADDRESS: W. Edwin Riffin, III-Crisfield, Md.		18. MEDICAL CERTIFICATION	
I DISEASES OF CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE 410X		July 4	
ANTECEDENT CAUSE (S)		Jan. 1	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.		Jan. 1	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
19A. DATE OF OPERATION: 0		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	
21C. WHERE DID (City or town) (County) (State)		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	
21E. INJURY OCCURRED White <input type="checkbox"/> Not white <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Jan. 1, 1953 , to July 17, 1953 ; that I last saw the deceased alive on July 17, 1953 , and that death occurred at 3:10AM , from the causes and on the date stated above.			
SIGNATURE Sarah M. Peyton		DATE SIGNED July 18, 1955	
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		NAME OF CEMETERY OR CREMATORY Asbury Cemetery	
DATE REC'D BY LOCAL REGISTRAR 7/18/55		REGISTRAR'S SIGNATURE Betty W. Tyler	
24. FUNERAL DIRECTOR Bradshaw & Sons-Crisfield, Md.		ADDRESS	

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BUREAU V. S.

JUL 20 1955

RECEIVED

7084

CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY Somerset		MARYLAND		STATE Maryland		COUNT Somerset	
CITY (If outside corporate limits, write RURAL OR and give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town)			
Rural-Crisfield		97 yrs.		Rural-Crisfield			
HOSPITAL OR INSTITUTION OR STREET ADDRESS Johnson Creek Rd.				STREET ADDRESS (If rural give location) Johnson Creek Rd.			
3. NAME OF DECEASED: (First) (Middle) (Last)			4. DATE OF DEATH: (Month) (Day) (Year)				
Jerome C. Sterling			July 8, 19 55				
5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday: yrs.	Months	Days	Hours
Male	White	Widower	March 18, 1858	97	3	20	
10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired.			10b. KIND OF BUSINESS OR INDUSTRY:		11. BIRTHPLACE (State or foreign country):		12. CITIZEN OF WHAT COUNTRY?
Waterman-Famer			Seafood-Farming		Crisfield, Maryland		USA
13. FATHER'S NAME:				14. MOTHER'S MAIDEN NAME:			
Christopher Sterling				Lawson			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)		16. SOCIAL SECURITY No.:		17. INFORMANT & ADDRESS:			
No		None		Hattie Daugherty, Crisfield, Md.			
18. MEDICAL CERTIFICATION							Interval Between Onset And Death
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
450.0							
Immediate cause (a) Anterior cholelithiasis							
DUE TO							
Antecedent causes (s) (b)							
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO							
(c)							
11. OTHER SIGNIFICANT CONDITIONS							
Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION:				19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>
21. ACCIDENT SUICIDE HOMICIDE (Specify)				PLACE (Home, farm, factory, street, OF office bldg., etc.)		(CITY OR TOWN) (COUNTY) (STATE)	
				INJURY			
TIME (Month) (Day) (Year) (Hour) OF INJURY				INJURY OCCURRED While at Work <input type="checkbox"/> Not While At Work <input type="checkbox"/>		HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from June 15, 1955 to July 8, 19 55 ; that I last saw the deceased alive on July 8, 1955 , and that death occurred at 1:10 p.m. from the causes and on the date stated above.							
SIGNATURE S. W. Peyton				(Degree or title) Chisfield		DATE SIGNED 7/9/55	
23. BURIAL, CREMATION, REMOVAL (Specify)		DATE THEREOF		NAME OF CEMETERY OR CREMATORY		LOCATION (City, town, or county) (State)	
Burial		July 10, 1955		Asbury Cemetery		Crisfield, Md.	
DATE REC'D BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		24. FUNERAL DIRECTOR		ADDRESS	
7/9/55		Betty W. Tyler		Durward Q. Covington		Crisfield, Md.	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Boomeret

Maryland

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Rural - Griffield

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Rural - Griffield

Johnson Creek Rd.

Johnson Creek Rd.

33

July 2

Meeting

O.

Jerome

33

3

37

Widower March 10, 1955

Widower

White

Male

Wm.

Griffield, Maryland

Griffield - Farming

Griffield - Farming

Lawson

Christopher Sterling

Griffield, Md. - Griffield, Md.

None

No

No

BUREAU V. 3

JUL 13 1955

RECEIVED

Griffield July 10, 1955

Griffield

Griffield, Md.

7072

CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY Somerset		MARYLAND		STATE Maryland		COUNTY Somerset	
CITY (If outside corporate limits, write RURAL and give nearest town) 39 Crisfield		LENGTH OF STAY (in this place) lifetime		CITY (If outside corporate limits, write RURAL and give nearest town) 39 Crisfield			
HOSPITAL OR INSTITUTION OR STREET ADDRESS 60 N. First St.				STREET ADDRESS (If rural give location) 1 N. First St.			
3. NAME OF DECEASED: (Type or Print) MILTON (First) SWIFT, JR. (Middle) (Last)				4. DATE OF DEATH: July 4 1955 (Month) (Day) (Year)			
5. SEX: Male	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single	8. DATE OF BIRTH: Nov. 19, 1954	9. AGE last birthday yrs. 7	IF UNDER 1 YEAR Months 7 Days 15	IF UNDER 24 HRS. Hours Min. 	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none		10B. KIND OF BUSINESS OR INDUSTRY: none		11. BIRTHPLACE (State or foreign country): Crisfield, Md.		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: Milton Swift				14. MOTHER'S MAIDEN NAME: Ruth Webb			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) ---		16. SOCIAL SECURITY NO. none		17. INFORMANT & ADDRESS: Milton Swift-N. First St.-Crisfield, Md.			
18. MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
IMMEDIATE CAUSE 493X History Pneumonia							
ANTECEDENT CAUSE (S) Cardiac Complication							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. Little Medical attendance							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. William H. Coulbourn, M.D.							
19A. DATE OF OPERATION: ✓ 0		19B. MAJOR FINDINGS OF OPERATION DEPUTY MEDICAL EXAMINER FOR SOMERSET COUNTY, MD.		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, office, street, office bldg., etc.) Home		21C. WHERE DID INJURY OCCUR? (City or town) (County) (State) Natural Cause			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY ✓		21E. INJURY OCCURRED While <input type="checkbox"/> at work Not while <input type="checkbox"/> at work		21F. HOW DID INJURY OCCUR? ✓			
22. I hereby certify that I attended the deceased from before July 4, 1955 , that I saw the deceased alive on July 4, 1955 , and that death occurred at 10:00 M. from the causes and on the date stated above.							
SIGNATURE W. H. Coulbourn		M.D. Crisfield		DATE SIGNED July 4-1955			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) burial		DATE THEREOF July 6, 1955		NAME OF CEMETERY OR CREMATORY Crisfield Cemetery		LOCATION (City, town, or county) (State) Crisfield, Md.	
DATE REC'D BY LOCAL REGISTRAR 7/6/55		REGISTRAR'S SIGNATURE Betty W. Tyler		24. FUNERAL DIRECTOR Bradshaw & Sons-Crisfield, Md.		ADDRESS	

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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JUL 11 1955

BUREAU V. S.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

7085

CERTIFICATE OF DEATH

Reg. Dist. No. 265

07086

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY Somerset		MARYLAND		STATE Maryland		COUNTY Somerset	
CITY (If outside corporate limits, write TOWN and give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write TOWN and give nearest town)			
Crisfield		Lifetime		Crisfield		39	
HOSPITAL OR INSTITUTION OR STREET ADDRESS McCreedy Memorial Hospital				STREET ADDRESS (If rural give location) 710 Broadway			
3. NAME OF DECEASED: (Type or Print)		(First) Asbury		(Middle) —		(Last) Thomas	
				4. DATE (Month) (Day) (Year) OF DEATH: July 28 19 55			
5. SEX: Male	6. COLOR OR RACE: Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH: Feb. 18, 1917		9. AGE last birthday 38 yrs.	IF UNDER 1 YEAR Months Days Hours Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer		10B. KIND OF BUSINESS OR INDUSTRY: Canning factory		11. BIRTHPLACE (State or foreign country): Crisfield, Maryland		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13. FATHER'S NAME: Asbury Thomas				14. MOTHER'S MAIDEN NAME: Annie Lane			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unk.) No (If Yes, give war or dates of service)		16. SOCIAL SECURITY No. 220-03-3532		17. INFORMANT & ADDRESS: Margaret Jones Thomas, Crisfield, Md.			
18. MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
IMMEDIATE CAUSE (A) 550.0 Appendicitis, acute,						24 hrs.	
ANTECEDENT CAUSE (S) DUE TO with shock + Cardiac							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE DUE TO dilatation acute.							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19A. DATE OF OPERATION: 7-27-55		19B. MAJOR FINDINGS OF OPERATION: Uncomplicated appendicitis acute				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21C. WHERE DID (City or town) (County) (State) INJURY OCCUR?			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 7-27, 1955 to 7-28, 1955 , that I last saw the deceased alive on 7-28, 1955 , and that death occurred at 6 A.M. , from the causes and on the date stated above.							
SIGNATURE C. Crawley M.D.				ADDRESS Crisfield, Md.		DATE SIGNED	
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		DATE THEREOF July 30, 1955		NAME OF CEMETERY OR CREMATORY Lawsonia Cemetery		LOCATION (City, town, or county) (State) Crisfield, Maryland (Somerset)	
DATE REC'D BY LOCAL REGISTRAR 7/30/55		REGISTRAR'S SIGNATURE Betty W. Tyler		24. FUNERAL DIRECTOR Bradshaw F. neral Parlors, Crisfield, Md.		ADDRESS	

BUREAU V. S.

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PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

07087

7073

CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY Somerset		MARYLAND		STATE Maryland		COUNTY Somerset	
CITY (If outside corporate limits, write RURAL and give nearest town) 39 Crisfield		LENGTH OF STAY (in this place) lifetime		CITY (If outside corporate limits, write RURAL and give nearest town) 39 Crisfield			
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5 Collins St.				STREET ADDRESS (If rural give location) 5 Collins St.			
3. NAME OF DECEASED: (First) (Middle) (Last) EVERETT WATERS				4. DATE (Month) (Day) (Year) OF DEATH: July 1 19 55			
5. SEX: Male	6. COLOR OR RACE: Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed	8. DATE OF BIRTH: April 10, 1899	9. AGE last birthday 56 yrs.	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): laborer			10B. KIND OF BUSINESS OR INDUSTRY: Seafood Industry	11. BIRTHPLACE (State or foreign country): Crisfield, Md.		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: Nathaniel Waters				14. MOTHER'S MAIDEN NAME: Effie Collins			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) yes WW I		16. SOCIAL SECURITY NO. 218-12-1282		17. INFORMANT & ADDRESS: 5 Collins St. Mrs. Effie Williams- Crisfield, Md.			
18. MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 434.2 Asthma							
IMMEDIATE CAUSE (A) DUE TO Cardiac Complication							
ANTECEDENT CAUSE (B) DUE TO Emociation							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C)							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19A. DATE OF OPERATION: 7/6/55		19B. MAJOR FINDINGS OF OPERATION: William H. Coulbourn, M.D.		DEPUTY MEDICAL EXAMINER FOR SOMERSET COUNTY, MD.		20. AUTOPSY YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, etc.) OF INJURY: Home		21C. HOW DID INJURY OCCUR? Natural Cause			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY: 12:30 a.m.		21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input checked="" type="checkbox"/> at work <input type="checkbox"/> at work <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? Natural Cause			
22. I hereby certify that I attended the deceased from before , 19 55 , that I last saw the deceased alive on July 1-1955 , and that death occurred at 12:30 a.m. from the causes and on the date stated above. SIGNATURE W. H. Coulbourn ADDRESS Crisfield, Md. DATE SIGNED July 1-1955							
23. BURIAL, CREMATION, REMOVAL (SPECIFY) burial		DATE THEREOF July 6, 1955		NAME OF CEMETERY OR CREMATORY Lawsonia Cemetery		LOCATION (City, town, or county) (State) Crisfield, Md.	
DATE REC'D BY LOCAL REGISTRAR 7/6/55		REGISTRAR'S SIGNATURE Betty W. Tyler		24. FUNERAL DIRECTOR Bradshaw & Sons-Crisfield, Md.		ADDRESS	

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JUL 11 1955

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